

OMB 0938-0739

Resident Identifier _____

Numeric Identifier _____

I3.	OTHER CURRENT DIAGNOSES AND ICD-9 CODES	a. _____ b. _____
J1.	PROBLEM CONDITIONS	(Check all problems present in last 7 days unless other time frame is indicated) INDICATORS OF FLUID STATUS a. Weight gain or loss of 3 or more pounds within a 7-day period b. Inability to lie flat due to shortness of breath c. Dehydrated; output exceeds input d. Insufficient fluid; did NOT consume all/almost all liquids provided during last 3 days OTHER e. Delusions g. Edema h. Fever i. Hallucinations j. Internal bleeding k. Recurrent lung aspirations in last 90 days l. Shortness of breath n. Unsteady gait o. Vomiting
J2.	PAIN SYMPTOMS	(Code the highest level of pain present in the last 7 days) a. FREQUENCY with which resident complains or shows evidence of pain 0. No pain (skip to J4) 1. Pain less than daily 2. Pain daily b. INTENSITY of pain 1. Mild pain 2. Moderate pain 3. Times when pain is horrible or excruciating
J4.	ACCIDENTS	(Check all that apply) a. Fell in past 30 days b. Fell in past 31-180 days c. Hip fracture in last 180 days d. Other fracture in last 180 days e. NONE OF ABOVE
J5.	STABILITY OF CONDITIONS	a. Conditions/diseases make resident's cognitive, ADL, mood or behavior patterns unstable—(fluctuating, precarious, or deteriorating) b. Resident experiencing an acute episode or a flare-up of a recurrent or chronic problem c. End-stage disease, 6 or fewer months to live d. NONE OF ABOVE
K1.	ORAL PROBLEMS	a. Chewing problem b. Swallowing problem
K2.	HEIGHT AND WEIGHT	Record (a.) height in inches and (b.) weight in pounds. Base weight on most recent measure in last 30 days; measure weight consistently in accord with standard facility practice—e.g., in a.m. after voiding, before meal, with shoes off, and in nightclothes a. HT (in) _____ b. WT (lb.) _____
K3.	WEIGHT CHANGE	a. Weight loss—5 % or more in last 30 days; or 10 % or more in last 180 days 0. No 1. Yes b. Weight gain—5 % or more in last 30 days; or 10 % or more in last 180 days 0. No 1. Yes
K5.	NUTRITIONAL APPROACHES	(Check all that apply in last 7 days) a. Parenteral/IV b. Feeding tube h. On a planned weight change program
K6.	PARENTERAL OR ENTERAL INTAKE	(Skip to Section M if neither 5a nor 5b is checked) a. Code the proportion of total calories the resident received through parenteral or tube feedings in the last 7 days 0. None 3. 51% to 75% 1. 1% to 25% 4. 76% to 100% 2. 26% to 50% b. Code the average fluid intake per day by IV or tube in last 7 days 0. None 3. 1001 to 1500 cc/day 1. 1 to 500 cc/day 4. 1501 to 2000 cc/day 2. 501 to 1000 cc/day 5. 2001 or more cc/day
M1.	ULCERS (Due to any cause)	(Record the number of ulcers at each ulcer stage—regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during last 7 days. Code 9 = 9 or more.) [Requires full body exam.] a. Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved. b. Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater. c. Stage 3. A full thickness of skin is lost, exposing the subcutaneous tissues - presents as a deep crater with or without undermining adjacent tissue. d. Stage 4. A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.

M2.	TYPE OF ULCER	(For each type of ulcer, code for the highest stage in the last 7 days using scale in item M1—i.e., 0=none; stages 1, 2, 3, 4) a. Pressure ulcer—any lesion caused by pressure resulting in damage of underlying tissue b. Stasis ulcer—open lesion caused by poor circulation in the lower extremities																										
M3.	HISTORY OF RESOLVED ULCERS	Resident had an ulcer that was resolved or cured in LAST 90 DAYS 0. No 1. Yes																										
M4.	OTHER SKIN PROBLEMS OR LESIONS PRESENT (Check all that apply during last 7 days)	a. Abrasions, bruises b. Burns (second or third degree) c. Open lesions other than ulcers, rashes, cuts (e.g., cancer lesions) d. Rashes—e.g., intertrigo, eczema, drug rash, heat rash, herpes zoster e. Skin desensitized to pain or pressure f. Skin tears or cuts (other than surgery) g. Surgical wounds h. NONE OF ABOVE																										
M5.	SKIN TREATMENTS (Check all that apply during last 7 days)	a. Pressure relieving device(s) for chair b. Pressure relieving device(s) for bed c. Turning/repositioning program d. Nutrition or hydration intervention to manage skin problems e. Ulcer care f. Surgical wound care g. Application of dressings (with or without topical medications) other than to feet h. Application of ointments/medications (other than to feet) i. Other preventative or protective skin care (other than to feet) j. NONE OF ABOVE																										
M6.	FOOT PROBLEMS AND CARE (Check all that apply during last 7 days)	a. Resident has one or more foot problems—e.g., corns, callouses, bunions, hammer toes, overlapping toes, pain, structural problems b. Infection of the foot—e.g., cellulitis, purulent drainage c. Open lesions on the foot d. Nails/calluses trimmed during last 90 days e. Received preventative or protective foot care (e.g., used special shoes, inserts, pads, toe separators) f. Application of dressings (with or without topical medications) g. NONE OF ABOVE																										
N1.	TIME AWAKE (Check appropriate time periods over last 7 days)	Resident awake all or most of time (i.e., naps no more than one hour per time period) in the: a. Morning b. Afternoon c. Evening d. NONE OF ABOVE																										
(If resident is comatose, skip to Section O)																												
N2.	AVERAGE TIME INVOLVED IN ACTIVITIES	(When awake and not receiving treatments or ADL care) 0. Most—more than 2/3 of time 2. Little—less than 1/3 of time 1. Some—from 1/3 to 2/3 of time 3. None																										
O1.	NUMBER OF MEDICATIONS	(Record the number of different medications used in the last 7 days; enter "0" if none used)																										
O3.	INJECTIONS	(Record the number of DAYS injections of any type received during the last 7 days; enter "0" if none used)																										
O4.	DAYS RECEIVED THE FOLLOWING MEDICATION	(Record the number of DAYS during last 7 days; enter "0" if not used. Note—enter "1" for long-acting meds used less than weekly) a. Antipsychotic b. Anxiolytic c. Antidepressant d. Hypnotic e. Diuretic																										
P1.	SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS	a. SPECIAL CARE—Check treatments or programs received during the last 14 days <table border="1"> <tr> <th>TREATMENTS</th> <th>PROGRAMS</th> </tr> <tr> <td>a. Chemotherapy</td> <td>m. Alcohol/drug treatment program</td> </tr> <tr> <td>b. Dialysis</td> <td>n. Alzheimer's/dementia special care unit</td> </tr> <tr> <td>c. IV medication</td> <td>o. Hospice care</td> </tr> <tr> <td>d. Intake/output</td> <td>p. Pediatric unit</td> </tr> <tr> <td>e. Monitoring acute medical condition</td> <td>q. Respite care</td> </tr> <tr> <td>f. Ostomy care</td> <td>r. Training in skills required to return to the community (e.g., taking medications, house work, shopping, transportation, ADLs)</td> </tr> <tr> <td>g. Oxygen therapy</td> <td>s. NONE OF THE ABOVE</td> </tr> <tr> <td>h. Radiation</td> <td></td> </tr> <tr> <td>i. Suctioning</td> <td></td> </tr> <tr> <td>j. Tracheostomy care</td> <td></td> </tr> <tr> <td>k. Transfusions</td> <td></td> </tr> <tr> <td>l. Ventilator or respirator</td> <td></td> </tr> </table>	TREATMENTS	PROGRAMS	a. Chemotherapy	m. Alcohol/drug treatment program	b. Dialysis	n. Alzheimer's/dementia special care unit	c. IV medication	o. Hospice care	d. Intake/output	p. Pediatric unit	e. Monitoring acute medical condition	q. Respite care	f. Ostomy care	r. Training in skills required to return to the community (e.g., taking medications, house work, shopping, transportation, ADLs)	g. Oxygen therapy	s. NONE OF THE ABOVE	h. Radiation		i. Suctioning		j. Tracheostomy care		k. Transfusions		l. Ventilator or respirator	
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P1. SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS	b. THERAPIES - Record the number of days and total minutes each of the following therapies was administered (for at least 15 minutes a day) in the last 7 calendar days (Enter 0 if none or less than 15 min. daily) [Note — count only post admission therapies] (A) = # of days administered for 15 minutes or more (B) = total # of minutes provided in last 7 days <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th colspan="2">DAYS</th> <th colspan="2">MIN</th> </tr> <tr> <th></th> <th>(A)</th> <th>(B)</th> <th>(A)</th> <th>(B)</th> </tr> </thead> <tbody> <tr> <td>a. Speech - language pathology and audiology services</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Occupational therapy</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Physical therapy</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Respiratory therapy</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Psychological therapy (by any licensed mental health professional)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		DAYS		MIN			(A)	(B)	(A)	(B)	a. Speech - language pathology and audiology services					b. Occupational therapy					c. Physical therapy					d. Respiratory therapy					e. Psychological therapy (by any licensed mental health professional)				
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P3. NURSING REHABILITATION/ RESTORATIVE CARE	Record the NUMBER OF DAYS each of the following rehabilitation or restorative techniques or practices was provided to the residents for more than or equal to 15 minutes per day in the last 7 days (ENTER 0 if none or less than 15 min. daily) <table border="1" style="width: 100%;"> <tbody> <tr> <td>a. Range of motion (passive)</td> <td></td> <td>f. Walking</td> <td></td> </tr> <tr> <td>b. Range of motion (active)</td> <td></td> <td>g. Dressing or grooming</td> <td></td> </tr> <tr> <td>c. Splint or brace assistance</td> <td></td> <td>h. Eating or swallowing</td> <td></td> </tr> <tr> <td>TRAINING AND SKILL PRACTICE IN:</td> <td></td> <td>i. Amputation/prosthesis care</td> <td></td> </tr> <tr> <td>d. Bed mobility</td> <td></td> <td>j. Communication</td> <td></td> </tr> <tr> <td>e. Transfer</td> <td></td> <td>k. Other</td> <td></td> </tr> </tbody> </table>	a. Range of motion (passive)		f. Walking		b. Range of motion (active)		g. Dressing or grooming		c. Splint or brace assistance		h. Eating or swallowing		TRAINING AND SKILL PRACTICE IN:		i. Amputation/prosthesis care		d. Bed mobility		j. Communication		e. Transfer		k. Other												
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P4. DEVICES AND RESTRAINTS	Use the following codes for last 7 days: 0. Not used 1. Used less than daily 2. Used daily Bed rails a. —Full bed rails on all open sides of bed b. —Other types of side rails used (e.g., half rail, one side) c. Trunk restraint d. Limb restraint e. Chair prevents rising																																			
P7. PHYSICIAN VISITS	In the LAST 14 DAYS (or since admission if less than 14 days in facility) how many days has the physician (or authorized assistant or practitioner) examined the resident? (Enter 0 if none)																																			

P8. PHYSICIAN ORDERS	In the LAST 14 DAYS (or since admission if less than 14 days in facility) how many days has the physician (or authorized assistant or practitioner) changed the resident's orders? Do not include order renewals without change. (Enter 0 if none)												
Q1. DISCHARGE POTENTIAL	a. Resident expresses/indicates preference to return to the community 0. No 1. Yes c. Stay projected to be of a short duration—discharge projected within 90 days (do not include expected discharge due to death) 0. No 1. Within 30 days 2. Within 31-90 days 3. Discharge status uncertain												
Q2. OVERALL CHANGE IN CARE NEEDS	Resident's overall level of self sufficiency has changed significantly as compared to status of 90 days ago (or since last assessment if less than 90 days) 0. No change 1. Improved—receives fewer supports, needs less restrictive level of care 2. Deteriorated—receives more support												
R2. SIGNATURE OF PERSON COORDINATING THE ASSESSMENT:													
a. Signature of RN Assessment Coordinator (sign on above line) b. Date RN Assessment Coordinator signed as complete <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="2">Month</td> <td colspan="2">Day</td> <td colspan="2">Year</td> </tr> </table>								Month		Day		Year	
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T1. SPECIAL TREATMENTS AND PROCEDURES	Skip unless this is a Medicare 5 day or Medicare readmission/return assessment b. ORDERED THERAPIES—Has physician ordered any of the following therapies to begin in FIRST 14 days of stay—physical therapy, occupational therapy, or speech pathology service? 0. No 1. Yes c. Through day 15, provide an estimate of the number of days when at least 1 therapy service can be expected to have been delivered. d. Through day 15, provide an estimate of the number of therapy minutes (across the therapies) that can be expected to be delivered. <table border="1" style="float: right; width: 100px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
T3. CASE MIX GROUP	Medicare <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> State <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												

Calculation of quarterly and annual intermediate care facility for the mentally retarded (ICF-MR) facility average case mix scores.

(7) "Default class" is resident assessment classification system (RACS) class five, the case mix class assigned to residents for whom missing or inaccurate data precludes classification into RACS classes one through four.

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- (8) "Direct care peer group" is a group of Ohio medicaid-certified ICFs-MR determined by ODJFS to have significant per diem direct care cost differences from the other direct care peer groups due to reasons other than the differences in care needs among the residents. Direct care peer groups are described in rule 5101:3-3-79 of the Administrative Code.
- (9) "Facility level errors" are errors described in paragraphs (A)(9)(a) to (A)(9)(c) of this rule and must be corrected before a facility average case mix score can be calculated, even if the facility was within the tolerance level for groupable records as described in paragraph (E) of this rule.
- (a) Failure to submit the signed JFS 02222 "ICF-MR Certification of IAF Data" form by the correction document due date.
- (b) Incomplete or inaccurate data are submitted to ODJFS on the JFS 02222 "ICF-MR Certification of IAF Data" form, or, for facilities submitting in electronic format, in the IAF diskette header record.
- (c) The number of IAF forms processed is more than the reported number of residents in medicaid-certified beds on the reporting period end date.
- (10) "Filing date" is the deadline for initial quarterly submission of the ICF-MR's IAF data and the JFS 02222, which is the fifteenth calendar day following the reporting period end date. IAF data submission requirements are outlined in rule 5101:3-3-75 of the Administrative Code.
- (11) "IAF Case Mix Initial Quarterly Report" is a report generated by ODJFS and distributed to the ICF-MR on the status of the IAF assessment data which the ICF-MR submitted to ODJFS for the initial quarterly filing. The report contains three components:
- (a) "IAF Provider Summary", which shows the status of the IAF data after initial processing by ODJFS; and
- (b) "IAF Detail Listing", with two sections:
- (i) List of IAF records that were grouped into RACS groups one through four; and
- (ii) List of IAF records with critical errors that were assigned into the default group five; and

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- (c) "IAF Correction Document" which is to be used by the ICF-MR to correct errors in the IAF data. The ICF-MR must submit its corrections using a format approved by ODJFS.
- (12) "IAF Case Mix Follow-Up Report" is a report generated by ODJFS and distributed to the ICF-MR on the status of the corrected IAF assessment data which the ICF-MR submitted to ODJFS. The report is generated each time corrections, deletions, or additional IAF records are processed.
- (13) "Ohio ICF-MR Individual Assessment Form" (IAF, JFS 02220) is the resident assessment instrument used in the RACS. The JFS 02221 "Ohio ICF-MR Individual Assessment Form Answer Sheet" provides the resident assessment data which is used to classify the resident into a resident assessment class in the RACS.
- (14) "Payment quarter" is ~~the two quarterquarters~~ following the ~~processing~~ reporting quarter and is the quarter following the processing quarter, in which the direct care rate is paid based on the quarterly facility average case mix score from the reporting quarter's IAF data.
- (15) "Postmark" means any of the following:
- (a) The official postmark applied to the package or envelope by the United States postal service; or
 - (b) The date the material is received by a commercial delivery service, if marked legibly on the package; or
 - (c) If the package or letter was delivered by a commercial delivery service but no date is legible on the package, ODJFS shall consider the postmark to be four calendar days prior to receipt by ODJFS.
- (16) "Processing quarter" is the quarter that follows the reporting quarter and is the quarter in which ODJFS receives the resident assessment data for the reporting quarter and calculates the direct care rate for the payment quarter.
- (17) "Quarterly facility average case mix score" is the facility average case mix score based on data submitted for one reporting quarter and is calculated using the methodology described in paragraph (L) of this rule.
- (18) "Record" means a resident's JFS 02221 "Ohio ICF-MR Individual Assessment

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Form Answer Sheet" processed by ODJFS.

- (19) "Relative resource weight" is the measure of the relative costliness of caring for residents in one case mix class versus another, indicating the relative amount and cost of staff time required on average for defined job types to care for residents in a single case mix class. The methodology for calculating relative resource weights is described in rule 5101:3-3-76 of the Administrative Code.
- (20) "Reporting period end date" is the last day of ~~the~~each calendar quarter.
- (21) "Reporting quarter" is the quarter which precedes the processing quarter and from which the ICF-MR's resident assessment data are used to establish the direct care rate for the payment quarter.
- (22) "Resident assessment classification system" is the system known as RACS of classifying ICF-MR residents into case mix classes, as outlined in rule 5101:3-3-76 of the Administrative Code, and used by ODJFS to gather data for the direct care payment system. The case mix classes are clusters of ICF-MR residents, defined by resident characteristics, that explain resource use.
- (23) "Resident case mix score" is the relative resource weight for the RACS class to which the resident is assigned based on data elements from the resident's IAF assessment.
- (24) "Tolerance level" is the maximum percentage allowable of total ICF-MR records for a reporting quarter that can be classified into RACS class five, the default group, for ODJFS to determine the ICF-MR's direct care rate based on the facility's calculated quarterly facility average case mix score.
- (B) ODJFS shall process resident assessment data submitted by ICFs-MR in accordance with rule 5101:3-3-75 of the Administrative Code and classify residents using the RACS to determine resident case mix scores in accordance with rule 5101:3-3-76 of the Administrative Code. These resident case mix scores, based on relative resource weights as set forth in appendix C of rule 5101:3-3-76 of the Administrative Code, are used to establish the quarterly facility average case mix score. The methodology for determining the quarterly facility average case mix score is described in paragraph (L) of this rule.
- (C) The quarterly facility average case mix score from the reporting quarter is used in conjunction with the lesser of the facility's cost per case mix unit or the maximum

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allowable cost per case mix unit, adjusted by the inflation rate, to establish the quarterly direct care rate for the payment quarter, as outlined in rule 5101:3-3-79 of the Administrative Code. The facility's cost per case mix unit is calculated using the annual facility average case mix score. The methodology for determining the annual facility average case mix score is described in paragraph (M) of this rule.

- (D) ODJFS shall establish each ICF-MR's rate for direct care costs quarterly in accordance with rule 5101:3-3-79 of the Administrative Code. As described in paragraphs (H), (I), and (J) of this rule and effective with the April 15, 1993 filing date and thereafter, ODJFS shall assign a quarterly facility average case mix score or cost per case mix unit used to establish a facility's rate for direct care costs if the facility fails to submit its resident assessment data in accordance with rule 5101:3-3-75 of the Administrative Code or submits incomplete or inaccurate resident assessment information. Before taking such action ODJFS shall permit the facility a reasonable period of time to correct the information, as described in paragraph (G) of this rule. ODJFS assignment of the quarterly facility average case mix score or cost per case mix unit will occur as follows:

- (1) Assignment of a quarterly facility average case mix score, instead of using the quarterly average case mix score calculated based on the facility's submitted information as described in paragraph (L) of this rule in the quarterly rate calculation.

Effective on the first of August, 1994 and thereafter, ODJFS may assign a quarterly facility average case mix score that is five per cent less than the facility's quarterly average case mix score for the preceding calendar quarter.

- (a) If the facility was subject to an exception review in accordance with rule 5101:3-3-85.1 of the Administrative Code for the preceding calendar quarter, the assigned quarterly facility average case mix score shall be the score that is five per cent less than the score determined by the exception review.

- (b) If the facility was assigned a quarterly average case mix score for the preceding calendar quarter, the assigned quarterly facility average case mix score shall be the score that is five per cent less than that score assigned for the preceding quarter.

- (2) Assignment of a facility cost per case mix unit, instead of using the ICF-MR's cost per case-mix unit calculated based on the facility's submitted information as described in paragraph (M)(1) of this rule.

Effective on the first of August, 1994 and thereafter, ODJFS may assign a cost per case mix unit that is five per cent less than the facility's calculated or

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assigned cost per case-mix unit for the preceding calendar year.

- (E) ODJFS has established a tolerance level of ten per cent per quarter for residents who are classified by default into class five, as described in rule 5101:3-3-76 of the Administrative Code.
- (F) ODJFS shall calculate and use the actual quarterly facility average case mix score described in paragraph (L) of this rule for determining the quarterly direct care rate if:
- (1) In accordance with rule 5101:3-3-75 of the Administrative Code, the resident assessment information is submitted by the filing date; and includes resident assessments for at least ninety per cent of all residents of medicaid-certified ICFs-MR as of the reporting period end date; and
 - (2) Either:
 - (a) The facility's resident assessment information submitted timely for that reporting quarter provides sufficient information for classifying at least ninety per cent of the ICF-MR's residents into RACS classes one through four, or
 - (b) In accordance with the procedures outlined in paragraph (G) of this rule for correcting incomplete or inaccurate information, the facility's resident assessment information submitted timely and corrected timely for that reporting quarter provides sufficient information for classifying at least ninety per cent of the ICF-MR's residents into RACS classes one through four; and,
 - (3) The facility's submission of resident assessment data and the ~~JFA~~ JFS 02222 does not contain facility-level errors or such errors have been corrected timely through, as necessary, the "IAF Correction Document", an amended JFS 02222 and/or submission of any additional IAF forms.
- (G) After ODJFS has processed the ICF-MR resident assessment data for a reporting quarter, the "IAF Case Mix Initial Quarterly Report" will be mailed to the ICF-MR. The ICF-MR may correct either ODJFS-identified or ICF-MR identified errors or omissions using the "IAF Correction Document" and submit corrections to ODJFS along with, if necessary, an amended JFS 02222 and any additional IAF forms.
- (1) ODJFS shall notify ICFs-MR through the "IAF Correction Document" of:

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- (a) All critical errors of the IAF elements which prevent a record from being assigned to a RACS class; and
 - (b) All critical errors of resident information which prevent a record from being added to the IAF data base, such as missing social security number.
- (2) ODJFS shall notify ICFs-MR through the "IAF Case Mix Initial Quarterly Report Provider Summary" of facility level errors from the JFS 02222 "ICF-MR Certification of IAF Data" form.
 - (3) ODJFS shall allow eighty days after the reporting period end date to make corrections and return them to ODJFS. Timeliness of the submission to ODJFS shall be determined by the postmark.
 - (4) Corrections received by ODJFS will be used in computing the quarterly facility average case mix score, in accordance with the conditions outlined in paragraphs (F), (H), (I), (J) and (K) of this rule.
 - (5) Facilities shall use the "IAF Correction Document" to compile changes or deletions for any IAF record that has been submitted to ODJFS.
 - (a) ODJFS will process corrections submitted in paper format only if the ICF-MR submits the completed "IAF Correction Document".
 - (b) ODJFS will process corrections submitted in electronic format only if the ICF-MR has been approved by ODJFS for electronic processing of corrections and submits a diskette created using the specifications released by ODJFS.
 - (6) Changes made on the "IAF Correction Document" for IAF data element entries, except for corrections of ODJFS data entry errors, must be consistent with changes made to the original IAF form maintained at the facility.
 - (H) ODJFS may use an assigned quarterly facility average case mix score, as defined by paragraph (D)(1) of this rule, in lieu of the facility's quarterly average case mix score calculated based on the facility's submitted information, as described in paragraph (L) of this rule, for the first month of the payment quarter if any of the following occurs:
 - (1) ODJFS does not receive the initial quarterly submission of IAF data and the JFS

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02222 from the ICF-MR; or ODJFS receives the initial quarterly submission of the ICF-MR IAF data and the JFS 02222 postmarked after the filing date.

- (2) ODJFS receives the initial quarterly submission of the facility's IAF data and the JFS 02222 postmarked on or before the filing date but less than ninety per cent of the required resident records for the ICF-MR were submitted on or before the filing date.
- (3) ODJFS receives the initial quarterly submission of the facility's IAF data and the JFS 02222 postmarked on or before the filing date, the ICF-MR exceeds the tolerance level for defaulted records prior to corrections, and ODJFS receives the "IAF Correction Document", and/or an amended JFS 02222 and submission of any additional IAF forms as necessary, postmarked after the due date.
- (4) ODJFS receives the initial quarterly submission of the facility's IAF data and the JFS 02222 postmarked from one to thirty days after the filing date, and ODJFS receives the "IAF Correction Document" postmarked on or before the due date.
- (5) The facility continues to exceed the tolerance level even after the "IAF Correction Document", received by ODJFS postmarked by the due date, is processed.
- (6) The facility continues to have facility level errors that prevent classification of records into RACS Classes even after the "IAF Correction Document", and/or, as necessary, an original or amended JFS 02222 and submission of any additional IAF forms, received by ODJFS postmarked by the due date, is/are processed.
- (I) ODJFS may continue to use an assigned quarterly facility average case mix score, as defined by paragraph (D)(1) of this rule, in lieu of the facility's quarterly average case mix score calculated based on the facility's submitted information, as described in paragraph (L) of this rule, for the second month of the payment quarter if any of the following occurs:
 - (1) ODJFS does not receive the initial quarterly submission of the IAF data and the JFS 02222 from the ICF-MR.
 - (2) ODJFS receives the initial quarterly submission of the facility's IAF data and the JFS 02222 postmarked on or before the filing date, the ICF-MR exceeds the tolerance level for defaulted records prior to corrections, and ODJFS

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SUPERSEDES
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